REQUEST FOR PATENT	FEE REFUND 10/527432
1 Date of Request: 2 Se	erial/Patent #
3 Please refund the following fee(s):	4 PAPER 5 DATE NUMBER FILED 6 AMOUNT
Filing	\$
Amendment	\$
Extension of Time	\$
Notice of Appeal/Appeal	\$
Petition	\$
Issue	\$
Cert of Correction/Terminal Disc	\$
Maintenance	\$
Assignment	\$
Other	\$
	7 TOTAL AMOUNT OF REFUND \$
	8 TO BE REFUNDED BY:
10 REASON:	Treasury Check
Overpayment	Credit Deposit A/C #:
Duplicate Payment	9
No Fee Due (Explanation):	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME:	TITLE:  Repln. Ref: 67729/2005 PKIDUELL 0011572400
SIGNATURE:	FORTIONE: Hame/Humber:10527438 +259.00 CR
OFFICE: ************************************	
APPROVED:	_ DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B